



DNRC Grant Authorization Statement

I hereby declare that the information included in and all attachments are true, complete, and accurate to the best of my knowledge, and that the proposed project complies with all applicable state, local and federal laws and regulations.

I further declare that for, _____ (Applicant Organization), I am legally authorized to enter into a binding contract with the Department of Natural Resources and Conservation to obtain funding if this application is approved. I understand that all funds must be authorized by the Montana Legislature and that grants funds will become available only as revenue is available.

Applicant Name

Date

Authorized Representative (signature)

Title

Return Completed form by mail to:
Montana DNRC -CARDD
ATTN: RRGL Program
PO BOX 201601
Helena, MT 59620-1601